

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2008

(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

In re Application of	Richard Anthony Goodwin SMITH et al.
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Application Number	09/936.205
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October 29, 2001

For	ORGAN TRANSPLANT SOLUTIONS CONTAINING CONJUGATES OF SOLUBLE PEPTIDIC COMPOUNDS WITH MEMBRANE-BINDING
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Art Unit	1656
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Examiner

A. Rooke

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

Large Entity Fee

Small Entity Fee

- | | | | |
|--|---------|---------|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 120 | \$ 60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 460 | \$ 230 | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1050 | \$ 525 | \$ 525.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1640 | \$ 820 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2230 | \$ 1115 | \$ _____ |

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **50-3840**. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

- ☒ attorney or agent of record. Registration Number: **33,715**
☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

February 11, 2008

Date _____

(202) 416-6800

Telephone Number

Customer No. 61263

Signature _____

John P. Isacson

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.